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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5069

<b>SERIAL NUMBER</b> 10/726,585	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 424 ✓	<b>GROUP ART UNIT</b> 1616 ✓	<b>ATTORNEY DOCKET NO.</b> 11122-040-999	
<b>APPLICANTS</b> Harry A. Dugger III, Flemington, NJ;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/230,060 08/29/2002 which is a CIP of 09/537,118 03/29/2000 which is a CIP of PCT/US97/17899 10/01/1997 ✓					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/15/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 1 ✓	<b>TOTAL CLAIMS</b> 64	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24998					
<b>TITLE</b> Buccal, polar and non-polar spray or capsule containing drugs for treating disorders of the central nervous system					
<b>FILING FEE RECEIVED</b> 781	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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